

The Revitalization of the Public Health Service Commissioned Corps

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Synopsis

The Public Health Service (PHS) is the second oldest uniformed service of the United States; its tradition commenced with the establishment of the Marine Hospital Service in 1798. Congress, in 1889, established the United States Public Health Service Commissioned Corps under the aegis of the Treasury. The Corps was created as a uniformed nonmilitary service with a distinct uniform, insignia, and with titles, pay, and retirement protocols that corresponded to those of the uniformed military services (the Armed Forces).

Initially the health care system of the country, and Commissioned Corps members, were concerned with infectious and vitamin-deficiency diseases; more recently the nation's medical community has focused on cardiovascular diseases, cancer, and AIDS.

A comprehensive revitalization of the Commissioned Corps began in April 1987. The intent was to restore the Commissioned Corps to its traditional leadership role as a cadre of mobile, compassionate experts ensuring the nation's health. The revitalization activities have been successful. The Commissioned Corps has approximately 5,500 active duty officers. The Surgeon General directed the development of career tracks for 11 categories of commissioned officers to increase the opportunities for professional development within the PHS and thus increase retention and professional growth. The theme for the 1989 celebration of the centennial of the Commissioned Corps is "a century of service with distinction." A hundred years from now, at the bicentennial of the Commissioned Corps, the current Surgeon General would like it to be said that the Public Health Service has had "two centuries of service with distinction."

THE PUBLIC HEALTH SERVICE (PHS) is the second oldest uniformed service of the United States; its tradition commenced in 1798 with the establishment of the Marine Hospital Service. During the past two centuries, as this country and its people evolved, so did their medical needs. Initially, the medical care system was concerned with infectious and vitamin deficiency diseases; more recently, the nation's medical community has focused on cardiovascular diseases, cancer, and AIDS. To keep pace with the expanding medical needs of the population the mission of the PHS has also expanded to encompass promotion of health and prevention of disease, as well as care and treatment of patients, medical research, and traditional public health activities.

The PHS has experienced many significant changes during the past two decades. The two most extensive ones have been the greatly expanded

research capability of the Institutes within the National Institutes of Health (NIH) and the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), and the closing of the Public Health Service Hospitals and Clinics. The transition in research activities took place slowly. The second change, the closing of the hospitals and clinics, greatly affected the morale, visibility, and organization of the Commissioned Corps. It was apparent to many leaders in public health, in Congress, and in the military that the Commissioned Corps of the PHS was not maintaining its leadership role. Regardless of a general impression that the Commissioned Corps has been languishing during the past several years, it should be emphasized that most members of the PHS have always performed their duties with distinction.

To improve the effectiveness of the PHS, the Secretary of Health and Human Services (DHHS),



A diet of hominy grits, molasses, cabbage, potatoes, and rice was associated with pellagra. Commissioned Corps officer Dr. Joseph Goldberger discovered the etiology and cure for this disease.

Dr. Otis R. Bowen, redelegated certain authorities to Surgeon General C. Everett Koop. A comprehensive revitalization of the Commissioned Corps began in April of 1987. The intent was to restore the Commissioned Corps to its traditional leadership role as a cadre of mobile, compassionate experts ensuring the nation's health. The revitalization activities have been successful and have been well received. The Commissioned Corps is more visible, and its clinical and scientific activities are receiving appropriate recognition.

The Early Years—Building a Tradition

Since the early days of our nation almost two centuries ago, the Public Health Service has a long tradition of meeting the health needs of this country and the world. President John Adams, in 1798, signed into law an act providing for the "care and relief of sick and disabled seamen," and the Federal Government became involved in providing medical care. The original mission of the Marine Hospital Service was to create, manage, and staff a series of hospitals, on the eastern seaboard of the United States, to treat the illnesses of merchant seamen. Thus, the Federal Government recognized and accepted its responsibility for improving and sustaining the health of its citizens and committed the resources necessary to carry out that policy. The world's first prepaid system of medical care was a part of these beginnings.

Providing medical care became linked with research and disease prevention early on. The PHS has played an active role in every major military conflict since the War of 1812. In that war, and in subsequent wars, Public Health Service officers have distinguished themselves. During the period

1807-12, the Marine Hospital service helped fight epidemics of yellow fever, cholera, and smallpox. Efforts to improve the health of seamen led to the eventual control of scurvy on board ships. A Corps officer, Dr. Joseph Goldberger, in 1914, determined the etiology and treatment of pellagra. Based on his findings, he advocated a decrease in corn and corn products and an increase in fresh foods, including meats, eggs, and milk in the diet.

In 1887, Dr. Joseph Kinyoun, as part of the effort to treat cholera and other contagious diseases affecting the population, established a research facility at the Staten Island Marine Hospital. This Hygienic Laboratory was moved to Washington, DC, in 1891, and it evolved into the National Institutes of Health. In 1909, Hansen's disease activities were centralized at the Public Health Service Hospital in Carville, LA. More than 80 years later, that facility continues to be recognized internationally for care and treatment of patients and research on this disease.

Congress, in 1889, established the U.S. Public Health Service Commissioned Corps under the aegis of the Department of the Treasury. The Corps was created as a uniformed nonmilitary service with a distinct uniform, insignia, and with titles, pay, and retirement protocols that corresponded to those of the uniformed military services (the Armed Forces). During World Wars I and II the Public Health Service became part of the Navy, and PHS officers served in both wars. Public Health Service officers also saw combat during the Korean Conflict and the Vietnam War.

The Marine Hospital Service became the "Public Health Service" in 1912, by act of Congress. President Franklin Roosevelt, in 1939, placed the Public Health Service in the new Federal Security Agency (FSA). President Dwight D. Eisenhower, in 1953, renamed the FSA the Department of Health, Education, and Welfare (DHEW), to reflect its mission more appropriately. President Jimmy Carter, in 1979, created a cabinet level Department of Education, and DHEW became the Department of Health and Human Services (DHHS).

Current Mission—A Tradition Continued

Today, the Public Health Service is responsible for one of the largest public health programs in the world. Its broadly stated mission continues to be the protection and advancement of the health of the American people. The PHS works with local and State health authorities and with other nations and international agencies on global health prob-

lems and their solutions. These goals, to protect and advance the health of the U.S. population, are achieved by supporting biomedical research; disease control, eradication, and prevention programs; and the promotion of healthy lifestyles. These goals are implemented by funding health care manpower and facilities, assisting in the delivery of health care services to medically underserved populations and other groups with special health needs, and ensuring that drugs and medical devices are safe and effective and that the nation's food and water supplies are not dangerous.

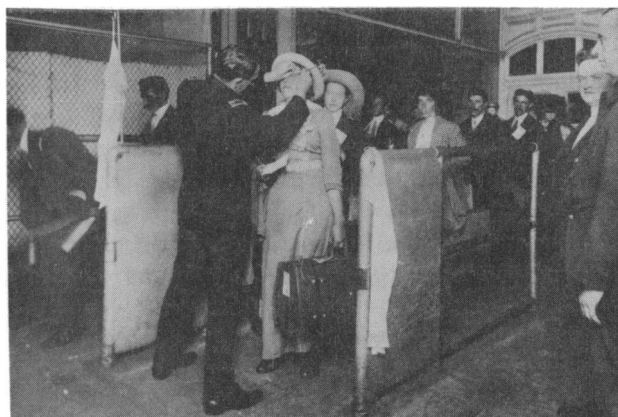
The Public Health Service has a work force of both civilians and Commissioned Corps members. The present Surgeon General is the thirteenth Surgeon General of the Public Health Service. The Commissioned Corps has approximately 5,500 active duty officers in 11 disciplines (dentists, dietitians, engineers, health service officers, nurses, pharmacists, physicians, sanitarians, scientists, therapists, and veterinarians). They perform a vast array of health functions throughout the PHS and in other Federal Government agencies. Some are detached to work on various domestic and international tasks in public health. These commissioned officers work closely with their civilian counterparts; commissioned officers now regularly wear their uniforms.

The Commissioned Corps members serve in the seven agencies of the PHS: the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), Centers for Disease Control (CDC), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), National Institutes of Health (NIH), and Agency for Toxic Substances and Disease Registry (ATSDR). All of these agencies have, at one time or another, been headed by commissioned officers, and at present almost all are. Commissioned officers also serve in other divisions in DHHS such as the Health Care Financing Administration (HCFA), and in the Environmental Protection Agency (EPA) and the Peace Corps.

Others may be assigned to other Federal Government departments such as the Departments of Commerce (medical officers serve with the National Oceanographic and Atmospheric Administration); Defense (DOD) as liaison with the Joint Chiefs of Staff, to provide clinical services in DOD hospitals and clinics, to serve as faculty at the Uniformed Services University of the Health Sciences; Interior (sanitarians and engineers work with the National Park Service); Justice (health care providers work



Commissioned Corps members served in Vietnam. Dr. Robert Norton and his interpreter conduct hospital ward rounds.

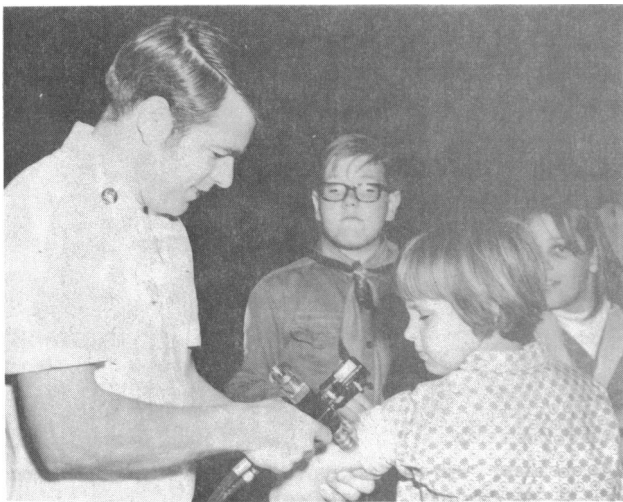


The trachoma examining station was but one of the immigrant inspections conducted by Commissioned Corps officers.

with the Immigration and Naturalization Service and Bureau of Prisons); State (health care providers work with the Agency for International Development); and Transportation (medical care services for the Coast Guard are provided by the PHS).

In recognition that our nation's health is intimately linked to world health activities, Commissioned Corps officers are assigned to the World Health Organization and the Pan American Health Organization as well as to other United Nations health and child survival missions.

The strength of our nation's health is maintained through close working relationships with State, Territorial, and local health departments. The CDC traditionally places graduates of its Epidemic Intelligence Service training program in State, Territorial, and local health departments. ADAMHA and NIH fund research grants and maintain contract programs with universities and colleges throughout the United States and in other countries. The Health Resources and Services Administration funds community health centers, migrant health



Protecting children against rubella has long been an important activity of Corps officers.

centers, and programs for the homeless. HRSA supports education for all the health professions through the National Health Service Corps, scholarship programs, and loan repayment programs. FDA works closely with State licensure agencies to ensure that medical devices, equipment, and prescriptions are dispensed in a safe and effective manner.

The Commissioned Corps members have made substantive contributions to the control of acute infectious diseases such as those associated with the first 5 years of life; the chronic diseases such as hypertension and diabetes; the diseases that result from cigarette smoking and the abuse of illicit psychoactive drugs such as marijuana, hallucinogens, cocaine, and heroin; and the most frightening disease of this century: infection with the human immunodeficiency virus (HIV).

In less than a decade an unknown and unidentified disease, the acquired immunodeficiency syndrome (AIDS), has reached epidemic proportions in many countries. Within 5 years, NIH scientists and their collaborators in several countries have been able to identify the human immunodeficiency virus and develop antibody and antigen testing techniques to continue to ensure the safety of our blood supply. Further, PHS scientists, and the researchers that the PHS supports, played a critical role in developing the first effective palliative treatment for HIV illness.

At present the PHS supports hundreds of research projects on the basic pathophysiology, immunology, and natural history of the virus to facilitate the development of more definitive treatments and a vaccine. Because the only weapon against AIDS that we have is education, we must

convince people to modify their behavior. HIV is spread primarily through sexual contact, both homosexual and heterosexual, through contaminated drug paraphernalia used among intravenous drug abusers, by HIV infected mothers to their offspring in utero or during delivery, and by contaminated blood from transfusions or contaminated blood products.

The Commissioned Corps' Role in Prevention

The incumbent Surgeon General has been influential in reminding the nation of the need to promote the health of all people. Prevention activities have received national attention through the Surgeon General's workshops on such diverse topics as aging, domestic violence, drunk driving, home-bound technology dependent children, breast feeding, pediatric AIDS, juvenile pornography, and self-help. In addition to these activities, the Surgeon General has published a major report on the nation's nutrition as well as his annual reports on smoking and health. He has also spearheaded national initiatives on drunk driving, the recognition and prevention of deafness, and prevention of childhood injuries.

The Public Health Service has always recognized the importance of vaccinating children beginning in the first year of life. Today vaccination protects against diphtheria, measles, pertussis, rubella, tetanus, and poliomyelitis. Forty years ago many victims of paralytic poliomyelitis had to be placed in iron lungs and, more recently, special school programs were initiated and expanded for those born with the severe congenital deafness associated with maternal rubella.

The PHS' efforts to work with adolescents has been particularly challenging. Adolescence is a period of making choices. Unfortunately, some adolescents and young adults make bad choices when they decide to use illicit drugs such as marijuana, heroin, cocaine, and hallucinogens. Their misuse of beverage alcohol and psychoactive prescription drugs can also lead to significant negative health consequences such as motor vehicle injuries and death.

Although the decision to smoke is made by most youngsters before their teens, cigarette smoking becomes a visible habit in adolescence. It is a period when the destructive sequelae of smoking begin their insidious course. Smoking cigarettes during pregnancy adversely affects fetal development. Cigarettes cause lung cancer, chronic obstructive pulmonary disease, and cardiovascular disease. Nicotine has been demonstrated to be

highly addictive, as demonstrated by the extreme difficulty experienced by smokers attempting to quit. Thus, the Institutes within ADAMHA (National Institute on Alcoholism and Alcohol Abuse, National Institute on Drug Abuse, and National Institute of Mental Health) are working with university researchers, community and State officials, and self-help groups to prevent early use of these substances and also to facilitate rehabilitation programs that can minimize the morbidity and mortality associated with the use of tobacco, alcohol, and illicit drugs.

Diabetes and hypertension are examples of chronic diseases that are amenable to control through medical care. Early screening and identification of patients are important factors in limiting the morbidity associated with these diseases. The National Institute of Diabetes and Digestive and Kidney Diseases, and the National Heart, Lung, and Blood Institute have developed innovative prevention programs, based on findings from their intramural and supported research activities. This process of information and technology transfer demonstrates the ability of the PHS to link research with services and continues the tradition established by Dr. Kinyoun more than 100 years ago.

The Commissioned Corps' responsibilities in delivering care to the medically underserved are carried out in a number of programs. To ensure that medical care is available to those who cannot afford to pay for it and who do not have access to third-party financed insurance, the Public Health Service currently funds more than 500 Community and Migrant Health Centers throughout the United States. In addition, the Indian Health Service provides medical care services, including alcohol and drug abuse services, for Native Americans who reside on reservations as well as those who live in some urban communities.

The Public Health Service has developed a special program to address the needs of the homeless. However, the homeless are not a homogeneous group, but a mixture of mentally disturbed persons, the economically disadvantaged, and victims of domestic violence. Therefore, shelters supported by Federal funds have been organized to provide basic food and lodging, medical care, psychological counseling, employment referral services, and assistance in receiving the benefits of various entitlement programs. The homeless programs provide vocational services to assist people to move to economic independence.

The present Surgeon General recognizes that the entire burden of improving the nation's health cannot rest with the Federal Government. Therefore he



Near Window Rock, AZ, a nurse talks with a Navajo mother about her sick baby. Since 1955, the health care of Native Americans living on reservations has been a responsibility of the Public Health Service.

has urged the PHS to work more closely with self-help groups. These groups, whether they address the needs of battered spouses, the elderly, or those who have difficulties associated with alcohol abuse or illicit drugs, are a proven means of using community resources that permit those experiencing difficulties to participate actively in their own recovery. Playing an active role in changing one's lifestyle increases self-confidence, places fewer demands on the community and, most importantly, produces positive results.

Revitalization

Within the past several years the present Surgeon General has implemented four key changes in the Corps to ensure the success of the revitalization program.

1. He directed the reorganization and maintains direct supervision of the Division of Commissioned Personnel. This action ensures that promotion and professional development opportunities are administered in a scrupulously objective and fair manner.
2. Career tracks for the various categories of commissioned officers were developed. This action increases the opportunities for professional development within the PHS and thus increases retention and professional growth.
3. Specific programs, within career tracks, for career development and mobility have been instituted. Periodic changes in duty assignments and stations permit a career officer to have a variety of administrative, clinical, and even research experi-

ences. This opportunity is less well developed in the civil service.

4. He took steps to enhance the image of the Commissioned Corps, within the Federal Government, within the clinical and scientific communities, and within society at large. Wearing the uniform embodies the concept that being a Commissioned Officer is a unique and proud role in the medical, public health, and scientific communities.

Each of these goals and objectives of the Surgeon General was formulated by working groups composed of representatives of the various disciplines within the PHS. The direct outgrowths of these activities are already visible. There has been a concerted effort to improve recruitment of junior officers to strengthen the Corps and to enhance career opportunities for all officers. Officers are rated for effectiveness and, on that basis, are recommended for assimilation into the regular corps; an officer on an initial assignment is commissioned as a reserve officer on active duty. Promotion boards are more representative of all professional categories. Active licensure of medical, nursing, and other health care personnel is required and monitored.

Another component of recruitment is the expansion of the Commissioned Officer Student Training and Extern Program (COSTEP). This program permits students in the health care professions to become commissioned officers for periods up to 120 days, thus enabling them to experience the opportunities offered by a career in the Public Health Service. These student officers are encouraged, upon graduation from their professional schools, to return as active duty officers. In 1988, more than 500 young men and women participated in this program.

Unlike the uniformed military services, the PHS, until recently, never maintained a "ready reserve" component within the inactive reserve. However, a ready reserve has been created and provides an opportunity for inactive reserve PHS officers to serve a period of active duty each year. The Office of Management and Budget and the PHS are developing a plan to permit ready reservists participating in this program and meeting certain service obligations to receive retirement benefits at age 65.

During 1988, the need for a PHS ready reserve was highlighted by the recent signing of a memorandum between the DOD and DHHS. The Public Health Service has entered into this Memorandum of Understanding (MOU) with the Department of Defense to provide PHS officers to staff DOD's

stateside hospitals during a military emergency that requires a mobilization and reallocation of military medical personnel to overseas assignments. PHS health care responsibilities would then be back-filled by the PHS ready reserve. To facilitate an orderly transfer, it is envisioned that PHS officers will periodically train with their DOD counterparts. This cooperative activity is in keeping with the revitalization of the Commissioned Corps and the recognition that the PHS is designed to respond rapidly to national nonmilitary emergencies.

The PHS has also developed an emergency readiness capability through the use of its disaster mobilization teams. These teams are capable of responding to disasters which require medical personnel to provide triage and care. The teams were placed on standby alert status when a recent hurricane approached Brownsville, TX. Fortunately, the hurricane changed course, and the teams were not needed. In the past, as during the Mariel boatlift, a general request for volunteers had to be made. While many volunteers were forthcoming, they had not operated as a cohesive team prior to their deployment.

The primary use of the ready reserve, at the present time, is to provide locum tenens clinical practice opportunities. Many health care facilities within the PHS can use additional personnel during vacation seasons and when personal emergencies result in unforeseen personnel shortages. Assignments are available both within the headquarters components of the PHS in the Washington, DC, area and throughout the United States.

Conclusions

If the mission of the Public Health Service is to improve the quality of life among this nation's people, then it has been highly successful. Life expectancy continues to increase, infant mortality continues to decrease, and the overall quality of life seems to be constantly improving. Although the Surgeon General recognizes that there is always room for improvement, he is firmly convinced that the Public Health Service has been, and will continue to be a critical, driving force in maintaining and improving the health and strength of the people. The theme for the 1989 celebration of the centennial of the Commissioned Corps is "a century of service with distinction." A hundred years from now, at the bicentennial of the Commissioned Corps, the current Surgeon General would like it to be said that the Public Health Service has had "two centuries of service with distinction."